

# MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

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<b>Policy Subject: Admission of a Diabetic Patient</b>	
<b>Policy Number: MNP 02</b>	<b>Standards/Statutes: ARM 37.27.130</b>
<b>Effective Date: 01/01/02</b>	<b>Page 1 of 3</b>

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**PURPOSE:**

For the safety of the patient, any patient presenting for admission with a diagnosis of Diabetes Mellitus will be carefully evaluated for medical stability.

**POLICY:**

At the time of admission and throughout a patient's stay, the medical and nursing staff will be involved in on-going evaluation and management of the patient's diabetes and related medical conditions.

**PROCEDURE:**

- I. Upon admission, any person presenting with a history of Diabetes will be thoroughly assessed by the RN on duty to determine the following:
  - A. The patient's blood sugar levels at the time of admission.
  - B. The patient's current diabetic treatment plan and recent level of control.
  - C. The patient's knowledge of diabetes.
  - D. Assessment of the patient's general health, including identification if any medical conditions related to diabetes.
- II. This information should be documented as a part of the admission nursing assessment in the progress notes.

III. After completing the nursing assessment, the RN will notify the physician on call and report the findings of the assessment. The routine standing orders and any other physician orders will be initiated.

IV. An insulin dependent diabetic will have blood glucose testing before meals and at bedtime throughout the patient's stay, unless otherwise ordered by the physician. The non-insulin dependent diabetic will have blood glucose checks twice a day before meals throughout the patient's stay, unless otherwise ordered by the physician. As necessary when the nurse assesses there are symptoms of hyperglycemia or hypoglycemia, additional the nurse on duty will complete glucose checks. The glucose readings will be documented on the patient's diabetic flow record.

V. All insulin dependent diabetics will remain on the medical treatment unit for at least one night so that the medical/nursing staff can carefully observe the patient and evaluate the patient's level of glucose control before sending the patient to PTU, unless otherwise ordered by the physician.

VI. For the insulin dependent diabetic, the nursing staff will inspect any insulin brought in by the patient. If for any reason the nursing staff feels this insulin should not be used, i.e. the insulin is expired, the bottle is dirty, the insulin is discolored, the nurse will have Med Management dispense a new bottle of the prescribed insulin.

VII. The nursing staff will notify dietary of the admission of a diabetic so the kitchen can provide appropriate meals and snacks. Nursing will inform the kitchen on a daily basis of the number of diabetics.

VIII. The nurses will offer diabetic education to the patient throughout the patient's stay, as necessary. The patient will be involved in as much of their own glucometer checks and insulin injections as the patients are capable of. The patient will be instructed on how to use the glucometer, the routine for glucometer checks and medication. If the patient is able to draw up and inject their own insulin, the nurses will monitor for accuracy and proper procedure.

IX. Weekly and more frequently if glucometer readings are consistently running high or low, the nurse will review the glucometer records with the physician.

X. If a patient's glucometer reading is over 300, the nurse will obtain a urine sample from the patient and check the urine for ketones. If the patient's urine indicates ketones, the nurse will assess for any signs of ketoacidosis and notify the physician on call.

XI. During the morning meeting and on an on-going basis, the nursing staff will keep other staff informed of the patient's diabetes status and any related medical conditions.

XII. Maintenance of the glucometer will include:

A. Disinfecting after each use.

B. Inspection and calibration check each Sunday by the day shift medication nurse. The results of the calibration are documented in the appropriate logbook.

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Revisions: \_\_\_\_\_

Prepared By: Colleen Todorovich, RN	Registered Nurse	11-01-00
Name	Title	Date

Approved By: _____	01/01/02
David J. Peshek, Administrator	Date